

## **Memorial Festschrift—May 1995 Fred Gilbert Jr, MD**

Our May issue was to have been a surprise to Fred Gilbert, but Fred died on Sunday, February 5 in Straub Hospital.

Dr Robert Nordyke, an associate and friend of Fred's for many years, has been working at a hectic pace getting manuscripts, letters, and photographs for this Festschrift.

The May issue will be a fitting testimonial to "the finest physician I've ever known" in the words of the late Dr Morton Berk and echoed today by all of Fred Gilbert's associates.

## **Our Next Issue of the Journal: Medicine, Law and Bioethics A Very Special Issue**

Look for our special issue on Medicine, Law and Bioethics in April. Guest Editor S.Y. Tan is unusually qualified for this assignment. Not only is S.Y. a respected physician, he is also an honored attorney. He also serves as chairman of the Hawaii Medical Association's Medical, Ethical, Moral and Legal Concerns Committee. Undoubtedly this issue of the *Journal* will serve as a valuable reference for many years. Be sure to look for it in April. We will have extra copies available.

**Norman Goldstein MD, Editor**

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## **Guest Editorial: Epinephrine for Anaphylaxis**

In my struggle as a lone crusader for a model bill to allow trained laymen to administer epinephrine to people having anaphylactic reactions, I appeared before the FDA and the NIH Open Consensus Panel. I appeared before the AMA Board of Trustees at the request of my Senator from North Carolina. I began my talk, "I have some bad news for you and some good news. The bad news is that any one of you can walk out of this hotel and be stung and die in five minutes even if you have never had a previous reaction. The good news is that if a trained layman, such as a policeman, were allowed to give epinephrine, you would be saved."

After 10 years, many letters and frequent phone calls, the American Medical Association decided to prepare a model bill. This allows trained persons to administer epinephrine to a person suffering from a severe reaction to an insect sting. Death can occur in five to ten minutes and in most cases, this is insufficient time to get to a doctor or to a hospital and the person can die.

For 20 years, I have been a Lone Crusader in educating laymen, especially teachers, on the importance of diagnosis of

an anaphylactic reaction due to insect stings and immediate treatment with an insect sting kit. Children playing at recess are very likely to get stung. If one has an anaphylactic reaction, there usually is not time to get to hospital or to a physician.

I feel so deeply about this life-saving endeavor that I have done the work to date with no help financially. I have also been able to get the army, navy, air force, marines, and park services to include insect sting kits containing epinephrine in their medical kits.

There are many needless deaths because of the ignorance of laymen. A nurse who was a patient of mine told me about her brother who was cutting a hedge around a doctor's home. He was stung and had an anaphylactic reaction. He went inside and called for an ambulance. The doctor didn't know what to do, the EMT workers didn't know what to do, and the doctors at the emergency room didn't know what to do. He died. There are many needless deaths because of the ignorance of laymen.

Some high-school football players who die suddenly have their deaths in most cases attributed to heart attack. Investigations of some of these deaths have disclosed other players had heard the victim say that he had been stung. And the findings are consistent with anaphylaxis.

Sometimes a physician may be ignorant of proper management and administer antihistamines or steroids. For example, a young boy received multiple stings and was rushed to a nearby hospital. The physician wasn't sure of the proper treatment and sent him to another hospital. At neither hospital was the boy given epinephrine.

Early treatment with epinephrine after an anaphylactic reaction can be life saving. Even after this injection, the patient should always go to a hospital.

Persons in charge of others, especially outdoors, such as schoolteachers, coaches, school nurses, tennis or golf pros, and forest rangers should be legally allowed to administer life-saving epinephrine.

The American Academy of Allergy and the American College of Allergy have passed special resolutions supporting this. Also, the past presidents of the American Academy of Family Practice and of the American Academy of Pediatrics have written letters of support.

Only 15 states have passed this law. To be legal in the administration of epinephrine, a layman must receive training by a physician. I have prepared a training program complete with slides that I can furnish at cost to physicians wishing to conduct training programs in states that have passed the law.

Recently, a woman from Florida called to tell me of her handicapped son who was severely allergic to bees. He had had a reaction and was given an insect sting kit. She explained this to the boy's bus driver. The driver told her that due to state law, he was unable to give any type of injection or medication. The mother and I have been working to have Florida change this so even bus drivers can legally administer epinephrine. She asked me to appear before the Senate Subcommittee of Health Care and Health Rehabilitations Services.

In Asheville, a mother called me to report that her son, who also had had a previous reaction, was fishing one day when he was stung and died. She called because she knew of the work I was doing and told me the doctor had given the boy antihistamines to take if stung again, and asked if this was right. I knew it was too late to save the boy's life, so I didn't say anything.

Dr Donald Cook of the American Academy of Pediatrics and

School Health Committee wrote in a letter to the chairman of the Communications and Public Information Committee of the American Academy of Pediatrics, "The problem is this: 1) Very few school people, parents, or physicians are aware of the potential seriousness of the problem. 2) If they were aware, they wouldn't know what to do. 3) If they did know what to do, they would be afraid to do it, or 4) Their school administrators would prevent them from doing it for fear of a lawsuit.

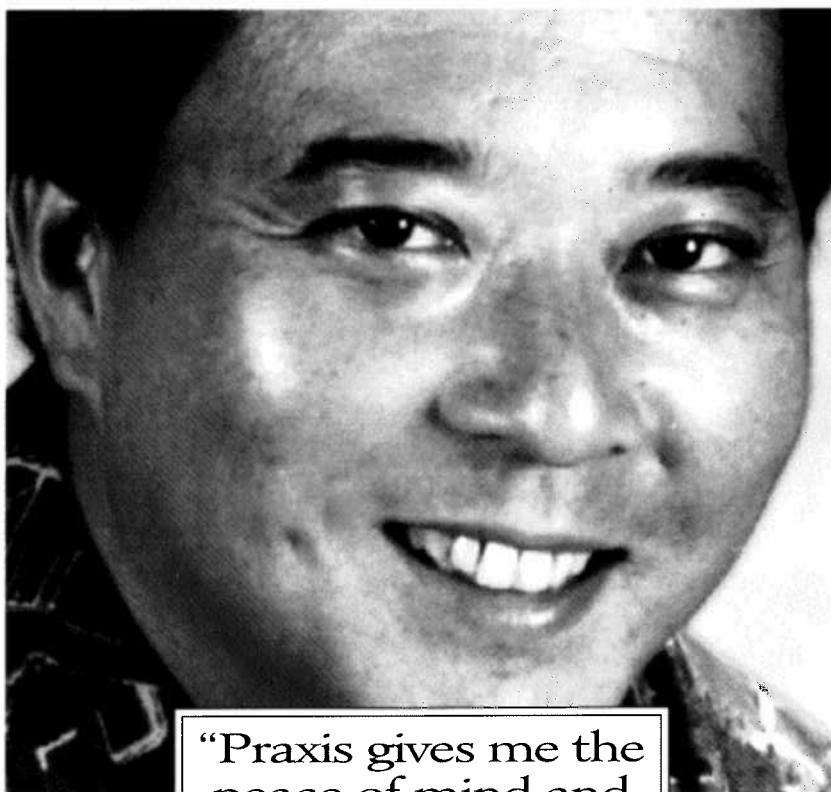
It is legal for a person having an insect sting reaction to obtain an insect sting kit but fatal reactions can and do occur in persons with no previous history of reaction. It still amazes me when at lectures I give I hear of a person who has had a severe reaction previously and was given only an antihistamine to carry. This will not save lives.

People do die from anaphylactic shock reactions to insect stings, and I am convinced that there are many more not documented because of misdiagnosis.

*On November 16, 1993, the American College of Allergy and Immunology recognized Claude A. Frazier MD, with a special Award of Appreciation "for his outstanding efforts in educating the public about the life-threatening dangers of insect allergy." Dr Frazier is author of Insects and Allergy: and What to Do About Them (University of Oklahoma Press) and Insect Allergy: Allergic and Toxic Reactions to Insects and Other Arthropods (Warren H. Green Publishing).*

Our peer reviewer had some very cogent questions:

"The point that injectable epinephrine is the only medicine that has a rapid enough onset of action to treat an acute severe, rapid-onset anaphylactic reaction is of paramount importance. I have reservations about who should be trained to administer epinephrine. Some patients are very sensitive to the effects of epinephrine. The dose of 0.5 cc or 0.3 cc usually recommended makes some patients so shaky their teeth chatter or it causes cardiac conditions to worsen. If they are having a less severe reaction, 0.1 cc is adequate. How do we train laypersons to make these judgments? If we train to give epinephrine, what other life-saving treatments should we train laypersons to administer? Are we opening a Pandora's box?"



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**—Keith Katano,  
Group Administrator,  
Medical Arts Clinic**



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Dr Frazier replies:

"To answer the question of the reviewer: The people who should be trained to administer epinephrine are those who are in charge of others (especially schoolteachers). We have had no complaints concerning the use of 0.3 cc epinephrine and there are no contraindications. It is simple, easy, and has no side effects.

I have put together a training program that is a half-hour long and it explains anaphylaxis, the symptoms, and the proper treatment of an anaphylactic reaction to insect stings (or food or additive allergy). I have prepared a simple training outline, complete with slides, for use in giving the program."

**Claude A. Frazier MD**

*Dr Frazier has offered to come to Hawaii to conduct this training program. He can be contacted at his Asheville, NC office.—NG*



## Letter to the Editor

The editor welcomes letters from members of the Hawaii Medical Association as well as nonmembers. All letters must be signed with the writer's correct signature and include the address and telephone number for our verification.

Letters should be on a single subject and no longer than 200 words. Send to Letters to the Editor, Hawaii Medical Journal, 1360 S. Beretania Street, Second Floor, Honolulu, HI 96814.—ED.

### Wonder What Hippocrates Would Say?

Midway through the Hawaii State Legislative Session 1995, I'm already feeling like an old pro at screening bills, preparing testimony, and hanging around the senators and representatives, staffers and lobbyists. I've volunteered to be Executive Director of the Hawaii Federation of Physicians & Dentists, and this work is part of the job description; so is talking to lots of docs and their spouses about what is happening. I've discovered that there are many well-intentioned people out there trying to affect legislation dealing with health and medical care, trying to push their particular agendas. As a matter of fact, I recently introduced myself to HMSA's lobbyist and bought her a cup of coffee, joking that I was "fraternizing with the enemy." She turned out to be a very nice person, and very sincere in regretting that many people have a wrongly negative view about HMSA. I'm sure many of you would like to tell her about a few experiences you've had to justify your particular views about HMSA.

The point is, physicians who take care of people on a day-to-day basis have a unique and I believe very valuable perspective to contribute to the ongoing controversy about changing the way health and medical care is delivered. Ironically, those docs with the busiest practices in this community, who are presumably highly respected both by colleagues and patients, find themselves too busy for "politics." *Big Mistake!* All the well-intentioned people from HMSA, the Governor's office, Dept. of Health, the labor unions, the Nursing Association, etc, have lots of time to come to the Legislature and aggressively try to

advance their views. I see a glaring imbalance and whether the rest do or not, they don't seem eager to seek out the physician and patient perspective. They often don't realize that perhaps their agendas will have a detrimental effect on the quality of patient care and the ability of docs to do their best for their patients. They don't know what they don't know! Maybe we've got to amend the Hippocratic oath—"I further promise never to be apathetic about politics, support MD organizations, and testify at least two times at the Legislature on health care matters!

**Susan Chong Wong, Esq.**  
**President, Auxiliary to HCMS**



## Historical Notes

**John A. Breinich**  
**Executive Director**  
**Hawaii Medical Library**

Modern dentistry in Hawaii has its earliest recorded dental surgery on January 16, 1835 when Dr Alonzo Chapin, a missionary physician, extracted a tooth. His diary tells about a Mr Dibble: "A tumor growing from the socket of the tooth I extracted for him the other day and he has considerable apprehension about the result. I succeeded in pacifying him somewhat, but fear that a painful and formidable operation may yet be necessary: no less than break up the cheek bone, to come at it so as for removal." And there was no anesthetic then.

On December 11, 1847, Dr M.B. Stevens arrived in the islands as probably the first professional dentist. He advertised in the newspapers of his readiness "to perform any operation on the teeth that may be required, including insertion of teeth from one to an entire set, either on Pivot or Gold Plate." After 5 weeks he discontinued his advertisements and left the islands.

After studying a friend's dental books, passing the New York Dental Examination and having a practice in Albany, New York for four years, Dr John Mott-Smith opened his dental practice in Honolulu on April 26, 1851 and became Hawaii's first permanent dentist. Dr John M. Whitney, described as the first graduate dentist to practice in Honolulu, moved to Honolulu in 1869 to take over the practice of Dr Mott-Smith while he was in Washington DC. When Dr Mott-Smith returned, together they formulated the Board of Dental Examiners and Dr Whitney became the first president.

The first native-born Hawaiian dentist was Dr George Hermann Huddy who began studying dentistry in Honolulu in 1883 at the age of 14. He opened his own practice at the age of 18 and was quite successful. Later he enrolled in the University of California School of Dentistry in San Francisco, received his degree in dental surgery in 1892, and returned to Honolulu to resume his practice.